

State of New Hampshire
Department of Corrections

Project REAP
Rape Elimination Awareness Project

Application for funding under the
Prison Rape Elimination Act (PREA) of 2003
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Statement of Non-Discrimination

The New Hampshire Department of Corrections does not discriminate in its employment practices or programs with regard to age, sex, race, color, creed, sexual orientation, ethnic background, marital status, physical or mental disability.

ABSTRACT

Consistent with the overall goal of the Prison Rape Elimination Act (PREA) and the New Hampshire Department of Corrections' (NHDOC) mission to provide a safe environment for the treatment and rehabilitation of offenders, Project *REAP* (Rape Elimination Awareness Project) represents a comprehensive approach to eliminating prison rape that incorporates “zero tolerance” and achieving a culture characterized by greater understanding of the many facets of prison rape on the part of DOC personnel and offenders through increased reporting, investigation and prosecution and appropriate crisis intervention and on-going victim services support.

This initiative will be carried out in three Phases. Phase I seeks to: i) assess the extent and nature of the problem; ii) create a climate and culture that encourages and supports detection, reporting, investigation and prosecution of prison sexual assault; and iii) sustain movement toward a safe environment for offenders based upon an institutional culture of “zero tolerance”. Phase II seeks to i) develop the capacity to provide rape crisis intervention, appropriate and effective responses (including medical and mental health intervention) and follow-up services to victims; ii) educate staff and inmates regarding prison sexual assault; iii) develop effective measures to predict predatory and victim profiles and modify classification and housing assignments designed to reduce the likelihood of sexual assault; iv) develop effective measures to assess problematic staff profiles; and v) increasing the security and surveillance of at-risk offenders. Phase III seeks to conduct a comprehensive process and outcome evaluation of all REAP activities.

Strategies for attaining these goals include specific, measurable objectives; actions required, with attending timeframes; and the identification of personnel responsible for ensuring the actions are carried out and objectives are met. Project *REAP* integrates a number of promising strategies designed to ensure its success. One strategy is the initiation of a PREA Performance Improvement Team (PREAPIT) comprised of stakeholders groups that will be responsible for mapping processes related to every aspect of eliminating prison rape; developing interventions, and overseeing the implementation of intervention strategies. Another strategy incorporates the promising practice of utilizing Root Cause Analysis (RCA) methodology in analyzing every rape or attempted sexual assault in order to identify and correct problematic processes and procedures. A third strategy employs the hiring of personnel dedicated solely to addressing prison rape. These include a Victims Advocate, DOC PREA Investigator and a dedicated State Police Investigator.

The New Hampshire DOC has partnered with a number of external stakeholders in the development of this initiative, and will continue to draw upon the expertise of these agencies and organizations, including accessing services in areas of providing access to rape crisis intervention, counseling, curriculum development and targeted training of inmates and staff. Finally, a comprehensive *process evaluation* will analyze inmate interview, focus group, PREAPIT, stakeholder group and RCA activities and an *outcome evaluation* will utilize GPRA Performance Measures to assess movement toward the overall project goal of eliminating prison rape.

PROJECT REAP

(RAPE ELIMINATION AWARENESS PROJECT)

1. PROBLEM DEFINITION

Challenges to protecting inmates – The New Hampshire Department of Corrections (NHDOC) incarcerates approximately 2700 inmates in four prison facilities and four half-ways houses. Approximately 6% are female, and approximately 94% are male. Less than 7% are classified as high risk (needing more than medium security), and slightly less than 30% are classified as low risk.¹ While remaining relatively stable in the past few years, NH's prison population is expected to increase.²

Previous efforts on the part of the NHDOC to address prison rape have not dealt effectively or comprehensively with the issue. We believe that data regarding inmate on inmate sexual assault are considerably under-reported. However, there is substantial anecdotal evidence reflecting a problem of greater scale than reported numbers would indicate. Reasons for under-reporting of inmate-on-inmate sexual assault include that victims are less likely to report incidents when the prison culture and security operations do not provide safety from retaliation by other inmates or staff, negative sanctions applied by staff and the perceived risks attendant to initiating a complaint regarding sexual misconduct.

Reporting of staff on inmate sexual assault may be under-reported for similar reasons. In the past year, five instances of alleged rape of female inmates by male correctional officers were under investigation; two have moved to the prosecution stage.

One of the key challenges to protecting inmates is understanding of the phenomenon of *victimization*. Inherently, sexual assault has severe impacts on victims. Victims of sexual assault,

¹ See Appendix A, Table 1. pg. 1 for a breakdown of Inmate Classification and Custody levels.

² See Appendix A, Prison Population Trends and Projections, pg. 14-15.

or attempted sexual assault, often experience feelings of embarrassment, guilt, anger, fear, paranoia, and depression requiring immediate and long-term care and support. The impacts are no less profound when the person has been assaulted in a prison setting. Male victims also go through the same emotional stages as female victims.³

Sexual assault in a correctional environment poses unique challenges. While NHDOC strives toward a culture of victim-sensitive classification and a climate of trust, whereby sexually assaulted inmates can immediately access safety and support, this approach has not yet been implemented. While the NHDOC is committed to supporting the needs of offender victims we are only at the very early stages of advancing improved prevention and responsiveness to those victimized.⁴

Current efforts to address the problem - In response to a growing awareness of the issues raised by prison sexual assault regarding the safety of its inmate population, NHDOC leadership has begun to implement a strategy to communicate the intent of PREA to all personnel. Based on recommendations of an NIC consultation in 2005, the Training Bureau revised its training modules to ensure staff are receiving clear information about PREA and their role in prevention, reporting and protecting victims. Progress has also been made regarding the training of offenders with regard to state law, DOC policies, reporting, and investigation of sexual misconduct. In addition, Senior Leadership developed a Policy and Procedure Directive (PPD) that addresses PREA.⁵ As part of this policy, information regarding PREA is reviewed with each offender as part of their orientation to prison (R&D) and the offender documents their understanding, in writing. While approximately 800 staff members have received PREA training, the critical importance of *effectively* communicating PREA-related information has not yet achieved the

³ Source: NH Coalition Against Sexual and Domestic Violence.

⁴ See Appendix A, Table 2, pg. 1, for Reported Incidents of Sexual Assault.

level of priority nor the pace of implementation that is the intent of both the legislation and NHDOC's goal of "zero tolerance."

Emphasis on Women - In 2003 and 2005, the NHDOC requested assistance and recommendations from NIC to help establish priorities and address matters pertaining to DOC's female offenders to inform the DOC's PREA planning effort. A subsequent request in 2005 focused on reviewing agency policies, procedures and training related to prevention, detection, and reduction of sexual assault within DOC, identifying action steps to be taken to strengthen the above. The recommendations included establishing a statewide planning initiative managing female offenders resulting in a legislative committee to study these issues. In addition, the NHDOC has been accessing NIC training opportunities and has collaborated with Vermont in hosting training sessions on female offender management. Halfway house practices were reviewed and the decision was made to shift one of the houses to an all-female population. In addition, males no longer conduct pat-searches on female offenders. *The REAP project intends to address the challenges described above and reflects the vision, structures and processes to achieve and sustain compliance with the intent of PREA.*

Budgetary circumstances - As with many state departments of correction, the NHDOC has been faced with enormous financial challenges. Over the past five years budget reductions and "hiring freezes" have resulted in an overall decrease in its budget and number of personnel. Low salaries, a highly competitive state economy and deployment of correctional officers to military assignments abroad have resulted in problematic recruitment and retention and a current vacancy rate of 11%.

⁵ See Appendix A, PPD 5.19, pg. 2.

Prison population growth - The population growth of NHDOC has been relatively stable over the past 5 years, even though the growth of the State’s population has increased 1% annually. A more detailed analysis of NHDOC population projections appears in Appendix A. However, current legislation to increase the minimum sentence for sex offenders to 25 years would have an enormous impact on the growth of the state’s prison population. State and local officials, law enforcement and victims advocates are convening under a legislatively mandated “infrastructure” study group to review data related to prison growth.⁶

Opportunities - Notwithstanding the historical “culture of silence” and budgetary constraints, the **New Hampshire Department of Corrections provides an excellent environment to achieve major change in eliminating prison rape** in that it:

- has articulated a “zero tolerance” policy regarding prison rape;
- is relatively small;
- has a centralized Management Team that covers all facilities and functions;
- has a history of utilizing stakeholder advisory groups to inform improvement efforts;
- maintains academic partnerships with research institutions such as Dartmouth Medical School, the University of New Hampshire, the NH Center for Public Policy Studies.

2. PROJECT GOALS AND OBJECTIVES

New Hampshire’s proposed *REAP* initiative provides a comprehensive and integrated approach to eliminating prison rape that incorporates a commitment to “zero tolerance” in creating a culture that supports awareness, reporting, crisis intervention, victims support, investigation and prosecution of all forms of inmate sexual coercion and assault. This initiative will be carried out in three Phases with the following corresponding Goals and Objectives.

⁶ See also the work of the NH Center Public Policy Study (www.unh.nhcpps.htm)

PHASE I : Goals and Objectives	
GOALS:	<ul style="list-style-type: none"> ▪ To creating a climate and culture that encourages and supports detection, reporting, investigation and prosecution of prison sexual assault.
	<ul style="list-style-type: none"> ▪ To sustaining movement toward a safe environment for offenders based upon an institutional culture of “zero tolerance.”
OBJECTIVES:	<ul style="list-style-type: none"> ▪ to identify the nature and scope of the problem; ▪ to identify the components that comprise the cultural context of prison rape; ▪ to <i>quantify</i> the incidence of inmate on inmate and staff on inmate sexual assault; ▪ to conduct interviews and focus groups with offenders, clergy, health and mental health providers to achieve a more <i>qualitative</i> understanding of the issues; ▪ to review all policies and procedures related to incident reporting, disciplinary procedures, investigation and prosecution; ▪ to engaging stakeholders and secure partnerships for broad-based input and support; ▪ to create structures to support and sustain the interventions; ▪ to develop benchmarks and strategies for addressing the problem; ▪ to identify high risk areas and offenders for increased surveillance; ▪ to create, disseminate and award a contract for project evaluation; and ▪ to developing a Project Implementation Plan (PIP).

Phase II entails implementing the interventions and strategies developed during Phase I, as articulated in the “Project Implementation Plan” (PIP), and will include Goals and Objectives, associated activities and outcomes, a timeline for their accomplishment, and designated staff responsible for carrying out the activities and ensuring the outcomes.

PHASE II : Goals and Objectives	
GOALS:	<ul style="list-style-type: none"> ▪ To develop the capacity to provide rape crisis intervention, appropriate and effective medical and mental health responses and follow-up services to victims, ▪ To educate staff and inmates regarding prison sexual assault, ▪ To develop more effective measures to predict predatory and victim profiles and modify classification and housing assignments to reduce the likelihood of sexual assault ▪ To develop more effective measures to assess “potentially problematic” staff profiles, and ▪ To increase the security and surveillance of at-risk offenders.

OBJECTIVES:

- to develop, modify, and adopt measures to construct perpetrator and victim profiles;
- to provide an increase in the number of options for the anonymous/confidential reporting of sexual misconduct, coercion and assault;
- to develop policies and procedures for rapid response to assess and respond to victim's needs;
- to develop medical and psychological protocols, including HCV and HIV testing;
- to develop and implement initial and on-going staff development and training regarding awareness of the problem, how to detect and respond appropriately to possible incidents, protocols for collection of evidence, and reporting requirements;
- to utilize a dedicated position in Victim Services to provide crisis intervention, support, and make provision for necessary services;
- to utilize a dedicated position in Investigations specializing in sexual assault;
- to incorporate Root Cause Analyses (RCA) of sexual assaults/attempted sexual assaults as a means to identify problems with established processes and procedures;
- to collect and analyze data regarding benchmarks, and meeting ACA and federal reporting standards; and
- to utilize increased security and surveillance, including cameras, for high risk offenders and high risk locations.

Phase III involves both process and outcome evaluation to determine the efficacy of the interventions initiated in Phase II. Phase III will overlap both Phase I and Phase II.

PHASE III : Goals and Objectives**GOAL:**

- To conduct a comprehensive *process* and *outcome* evaluation of *all REAP* activities.

OBJECTIVES:

- to conduct a *process* evaluation that includes offender interviews, focus groups, and root cause analysis (RCA); and
- to monitor interventions for fidelity to the planned protocol
- to conduct an *outcome* evaluation, that includes gathering, aggregating, analyzing and disseminating data on GPRA outcome/Performance Measures;
- to gather, aggregate, analyze and disseminate data in other domains as determined by the PREA Performance Improvement Team (PREAPIT)

Strategies for accomplishing the Goals and Objectives identified for the three phases of *REAP* are discussed in more detail Section 3. Project Design and Strategy. As discussed earlier, a primary challenge to eliminating prison rape lies in historical and current prison culture that views prison

rape as an inevitable part of prison life. When offenders don't feel safe or supported in avoiding victimization, the likelihood of coming forward to report victimization is compromised.

Creating a culture of awareness, prevention and zero tolerance is a necessary goal to address this primary challenge. One of the ways this is accomplished is to provide rapid, appropriate and effective response to inmates who report sexual victimization. Providing rape crisis intervention that protects the confidentiality of inmates is an initial step toward building the confidence of inmates in the system. Another is providing appropriate medical and mental health services from professionals trained in the area of sexual assault that is victim sensitive and victim centered. To address this critical area of need, the NHDOC will expand the services offered through its Office of Victim Services to include a Victims Advocate dedicated to providing support to victims of sexual assault and coordinating access to services related to treatment or follow-up support.

In addition, there is a need to develop measures that effectively identify offenders at risk of victimization, and those at risk to others as predators, and implement procedures that inform classification, inmate housing assignments to reduce the likelihood and opportunity for sexual assaults. These efforts need to be combined with greater security and surveillance of offenders to monitor and detect precursors to prison assaults. Increased awareness and feelings of safety to come forward with allegations of sexual assault will increase the number of complaints needing investigation. Increasing the investigations staff with a sexual assault investigations specialist will enable the NHDOC to better focus its efforts on investigating sexual assaults, as well as provide the means for the cross training of investigations, security, and other front line staff in these areas. Incorporating a Root Cause Analysis (RCA) as part of the investigation will enable the NHDOC to identify areas (structural, procedural, and attitudinal) in need of improvement.⁷

⁷ A copy of the PPD for Root Cause Analysis (RCA) appears in Appendix B, PPD 6:30, pg. 27.

Sustaining movement toward a safe environment for offenders based upon an institutional culture of “zero tolerance” will require careful attention to each of the objectives identified above. These efforts will require engaging staff in understanding the goals and objectives of PREA at the broadest and most specific levels of legislative intent. This will require initial intensive, followed by on going, staff training. It will require the regular review of policies and procedures in classification, reporting, investigation and prosecution of offenses. And it will require partnering with stakeholder groups in the development of benchmarks for measuring movement toward the attainment of these goals in a way that informs a culture that is committed to continuous process improvement efforts.

3. PROJECT DESIGN/STRATEGY

Consistent with the NH DOC’s mission to provide a safe environment for the treatment and rehabilitation of offenders, New Hampshire’s *REAP* initiative represents a comprehensive approach to eliminating prison rape that incorporates a commitment to “zero tolerance” in a culture that supports awareness, reporting, treatment, investigation and prosecution of staff-on-inmate and inmate-on-inmate sexual coercion and assault. Key to the success of the proposed project is a ***comprehensive and integrated*** approach to eliminating prison rape. We believe that a strategy that builds from a foundation of quantitative and qualitative assessment data will better inform and target interventions, and a paradigm shift from “top-down” management to one that employs a multi-disciplinary Performance Improvement Team (PREAPIT) will foster the development of interventions that go beyond simply developing and monitoring adherence to policy and procedure directives. The creation of partnerships with key community stakeholders with considerable expertise in addressing the medical, mental health and victim issues will result in better outcomes for offenders. Finally, continuous feedback from process and outcome

evaluation will insure fidelity to planned interventions, while at the same time permitting the modification of interventions that are not effective.

The *REAP* initiative is designed around a three Phase concept and intervention strategies to operationalize the specific objectives described in Section 2.Goals and Objectives. Phase I will be carried out in months 1-4; Phase II, months 5-24; and Phase III will be initiated at the beginning of the project and continue through both years.

PHASE I

Identifying the Nature and Scope of the Problem - Not unlike most states, New Hampshire has not developed a means for accurately identifying and reporting the incidence and prevalence of sexual assault among its inmate population. Identifying the nature and scope of the problem is critical to developing strategies for building awareness of the need to report, treat, investigate and prosecute incidents among staff and inmates. A primary goal of Phase I is to conduct a thorough needs assessment of the nature and scope of the problem, including identifying:

- the incidence and prevalence of sexual coercion and sexual assault in prison,
- types of sexual coercion and/or assault,
- common characteristics of predators and victims,
- the cultural elements that contribute to an atmosphere of tolerance toward sexual coercion and/or assault of inmates,
- factors associated with the failure to report incidents,
- factors associated with positive investigation and prosecution outcomes, and
- facility high risk “hot spots” where assaults are more likely to occur.

A review of the literature regarding incidence and prevalence of prison rape, and the use of threats and coercion, among staff and inmates reveals a complex set of problems when it comes to adequately assessing the nature and scope of the problem.⁸ Defining and accurately measuring “harassment,” “coercion,” “threats or intimidation,” as well as “sexual assault” requires clarity

⁸ Gaes. G. and Goldberg. A., “Prison Rape: A Critical Review of the Literature,” NIJ, 2004.

and consistency. Appropriate survey tools and methods, including instruments and methodologies available through the American Corrections Association (ACA), National Institute of Corrections (NIC) and Bureau of Justice Statistics (BJS) will be utilized in conducting an assessment of the nature and scope of the problem. Working in concert with the Project Director, the Director of the Office of Quality Improvement (QI) and the PREAPIT described below, the DOC's Director of Research and Planning (DRP) will assume primary responsibility for conducting an assessment of the nature and scope of the problem.

Securing Partnerships - Securing partnerships among affected stakeholder groups is an important goal of Phase I. The purpose of securing these partnerships is to ensure that all relevant perspectives related to staff-on-inmate and inmate-on-inmate sexual misconduct and assault are identified and adequately assessed, and appropriate interventions developed. Engaging the expertise of the well established New Hampshire Coalition Against Sexual and Domestic Violence will bring an appropriate, victim-centered community perspective into the DOC institutions and has the potential to influence and remodel institutional behavior. NHDOC will contract with the Coalition for services that create additional options for directly, anonymously or confidentially reporting sexual assaults through use of both an internal *and* external 800 number, consultation with DOC's Victims Advocate and curricula development. In addition, the dedicated Victim Advocate in DOC's Victim Services will serve to eliminate one of the reasons (real and/or perceived) that rape or attempted rape are not reported through DOC security channels.

We will also enhance another key partnership with the New Hampshire Task Force on Women and Addiction (NHTFWA), which is a statewide grassroots effort dedicated to improving the lives of women, girls and families affected by alcohol and other drugs. Their Corrections

Committee has been actively providing peer support services to women in the NH State Prison system for almost two years. The agency highlights the importance of empowering recovering survivors of sexual assault and other trauma. The Task Force works closely with the Coalition Against Sexual Assault and Domestic Violence by building their capacity to serve women with co-occurring addictive and mental disorders.⁹ The NHDOC sought input from with Ministry Council of NH, the State Attorney General's Office of Victim/Witness Assistance, and the NH Coalition Against Sexual and Domestic Violence in the development of this grant.¹⁰ Collaboration with these groups will continue under the expanded stakeholder PREAPIT.

A partnership will also be forged with the Evaluation Team to be hired through the state's RFP process. In addition, an enhanced collaborative relationship will be forged with the State Police regarding external investigation of alleged sexual assault.

Process Improvement Team - NHDOC's Quality Improvement (QI) Plan describes the purpose and function of Performance Improvement Teams (PITs) developed around key processes and functions.¹¹ NHDOC has adopted the use of PITs as a "best practice" to assess and improve key functions and processes. Over a dozen PITs currently exist across DOC in areas such as Suicide Prevention, Medication Management, Clinical Documentation, Dietary, Surveillance, Prevention and Control of Infections, etc. The PREAPIT will function to provide oversight, input and direction for the *REAP* initiative over the life of the project, and will continue after the project period ends to sustain critical aspects of the project.

Consistent with the structure and methodologies employed by PITs, a PREA Performance Improvement Team (PREAPIT) will be convened, and will be comprised of representatives of the following stakeholder groups:

⁹ A copy of services by the NHTFWA appears in Appendix D, pg. 66.

¹⁰ Letters of Support for this project from key stakeholders appears in Appendix C, pgs. 61-65.

- State Employees Union
- Faith-Based Organizations
- Friends and Family of Inmates
- Current and/or former Inmates
- DOC Victim Services
- DOC Investigations
- State Police Investigations
- Classifications
- DOC medical and mental health staff
- Inmate Counselor/Case Managers
- AG's Office of Victim/Witness Assistance
- NH Coalition Against Sexual and Domestic Violence
- Community-based organizations providing services to individuals with mental illness

Working in concert with the project director and the DRP, the PREAPIT will meet once a week during Phase I of the project. The primary responsibilities of the PREAPIT are described below.

Developing Benchmarks and Strategies for Addressing the Problem - Utilizing data and information resulting from the assessment described above, the PREAPIT will be responsible for mapping processes related to elimination of prison rape and identifying gaps and opportunities for improvement, recommending strategies for addressing the problem and developing benchmarks for measuring progress toward project goals.

It is anticipated that PREAPIT activities will include such things as: recommending and overseeing a means for the anonymous reporting of incidents of sexual coercion/assault; refining policies and procedures related to reporting, treatment, investigation and prosecution and assisting with the development of assessment tools and interpretation of the data as they relate to identifying priority problem areas to be addressed by the project. The primary outcome of Phase I is the development of interventions designed to immediately reduce and eventually eliminate prison rape and sexual coercion among staff and inmates, accompanied by benchmark measures of success for the interventions identified in the form of a Project Implementation Plan (PIP). Working in concert with the QI Director and the PREAPIT, the Project Director will assume primary responsibility for overseeing the accomplishment of this objective. The PIP will describe in detail the activities to be carried out in implementing the strategies identified, data collection

¹¹ See Appendix B, PPD 6.48, pg. 16 for a copy of the Quality Improvement Plan.

and analysis to be conducted relative to benchmarks set, and the roles and responsibilities of all affected parties in carrying out the Plan.

PHASE II - Months 5-24

Phase II involves the implementation of a number of interventions at the individual offender, staff and system levels that combine to achieve a culture change that increases reporting, decreases in-prison acquired infections (such as HIV, hepatitis B and C), provides crisis intervention, victim support services, mental health counseling and results in a more secure environment for offenders and personnel. Phase II of this project will be carried out during months 5 through 24 of the project period.

Phase II entails the implementation of strategies developed during Phase I of the project, as articulated in the PIP. The PIP will detail goals and objectives, associated activities and outcomes, and designated staff responsible for carrying out the activities and ensuring the outcomes. It is anticipated the PIP will address the following key issues:

Expanding Options for Reporting - At least initially, it is anticipated that there will be a need for a means for reporting of sexual assault and related misconduct that is anonymous/confidential to an entity not identified with NHDOC security. We believe that the likelihood of increased reporting will be greater if the alleged sexual assault is reported directly to a rape crisis expert located within DOC Victim Services and alternatively externally through the Coalition which would immediately initiate the appropriate crisis intervention procedures. While the use of mechanisms such as “sick call” or contacting the on-call mental health “responder” to gain access to each facility’s Health Services Center, from which a confidential call could be made to the rape crisis counseling program, are viable options, the Project Director will work with the DOC Information Technology Director to determine an appropriate telephonic/technological

approach that will assure *immediate* access to the dedicated rape crisis victim services staff member, without observation or involvement of correctional officers.

Responding to Victim Needs - Responding to the needs of inmates as victims of sexual assault has not been fully developed within the NH DOC agency's policies and procedures and was not addressed as a specific need until the passage of PREA. Addressing this deficit is a key aspect of this project and will draw on knowledge and expertise that has grown out of the experience of providing Victim Services in DOC, the practices of local law enforcement regarding victims of sexual violence and agencies providing direct services to victims. This goal will be addressed through implementing the following principles:

- ❑ Promoting a seamless system of advocacy for sexual assault victims;
- ❑ Providing opportunities for promoting victims' recovery;
- ❑ Supporting the role and interest of all stakeholders in achieving justice as operationalized by:
 - acknowledging the harm caused by the crime,
 - listening to victims and survivors of sexual assault,
 - addressing the relationships between victims, offenders and institutional culture,
 - developing functional partnerships,
 - minimizing further trauma for victims and families through non-judgmental, compassionate and timely interactions by trained staff,
 - providing information about correctional processes and case-specific progress,
 - providing information about available resources, and
 - encouraging victim input into relevant decision-making processes.

Once the initial crisis intervention has taken place, a team comprised of health services personnel, mental health providers, victims services, investigations and legal advocates, if appropriate, in collaboration with the offender, will develop an appropriate *treatment plan* to address the multitude of issues that result from sexual assault.¹²

Review of Policies and Procedures - It is anticipated that there will be a need to review PPDs related to incident reporting, inmate disciplinary reports, conduct of investigations, and protocols for prosecution of accused perpetrators to better ensure that sexual assault and misconduct

information is appropriately collected, utilized and shared. The current incident and disciplinary reporting systems are paper-based, which contributes to poor reporting, utilization, and procedural follow through. Improving the processes of reporting and sharing of information by capturing these data electronically is a priority. NHDOC is in the process of implementing a new Offender Management System (CORIS). However, linking victim services and health and mental health services for the target population to this system is not currently in place. While information on housing history is collected, it is not currently integrated with other data relevant to support the aims of the proposed project. This situation compromises the DOC's ability to share important information with appropriate staff, track an inmate's treatment plan, or monitor the outcome of cases. Using the Needs Assessment Analysis and new federal reporting standards, the NHDOC intends to commit funding under this project to support the development of the missing medical, mental health and victim services components of an integrated Offender Management System.

Revision of Classification Tools - It is anticipated that the DOC will need to revise its classification tools to better identify potential perpetrators and victims as a strategy for preventing sexual assault. The PREAPIT, appropriate DOC staff and the Project Director will work together to evaluate tools currently in use in other states and new instruments that are being developed in response to PREA requirements. After selection of an appropriate classification instrument that better predicts predatory behavior and vulnerability profiles, DOC will revise its classification procedures for assessing inmate and institutional risk in making housing and cell assignments, and treatment recommendations (e.g. sex offender program).

Staff Development and Training - It is anticipated that one of the most prominent and critically important recommendations and outcomes of Phase I will be awareness of the need to develop

¹² A copy of the flow chart to of the Process for Investigating Sexual Assault Allegations appears in Appendix G, pg. 73.

and implement agency-wide training regarding awareness, detection, treatment, reporting, investigation, and response to incidents of sexual misconduct and sexual assault. Training will be provided to all agency staff, both during initial orientation at the Academy, and in annual in-service modules and refresher sessions. Specialized training will be provided to staff who provide medical and mental health services and those who work in the areas of evidence collection and investigation. In addition to training, *REAP* will mount a continuous, active campaign to sustain awareness of the issues involved through the use of psycho-educational groups, posters, the Inmate Handbook, closed circuit TV, etc.

Dedicated Specialized Staff - As awareness and reporting of prison rape and sexual misconduct increases, it is anticipated there will be a need for additional dedicated staff to provide crisis intervention and victim services and to investigate reported incidents. These staff will receive specialized training, and will be responsible for developing and delivering training on sexual assault and other forms of sexual misconduct, coercion and abuse to all inmates and DOC staff. In order to ensure timely and vigorous investigation and prosecution, the dedicated, state-funded PREA Investigator will work in a coordinated and integrated fashion with the State Police Investigator funded through the grant. Supervision will be provided by the DOC Chief of Investigations. The Investigator will offer a high level of visibility within the DOC, conducting regular rounds throughout all the prisons and halfway houses. The goal will be for the Investigator to have a presence and be readily identified by staff and offenders as the person designated by DOC to respond to allegations of sexual misconduct and assault.

The Investigator will work cooperatively with the dedicated Victim Advocate and participate as part of the PREAPIT and treatment planning team. In addition, he/she will work closely and collaboratively with the N.H. State Police, consistent with present protocols, to effect criminal

prosecution. The NHDOC Investigator will have a much broader role and proactive in developing leads and in creating an environment within the facilities that will lead to greater reporting by staff and inmates of suspicious behavior, and of behavior that has not yet risen to the level of criminality. Additionally, the Investigator will cooperate and collaborate with the various law-enforcement and social service agencies that are stakeholders in the project.

Root Cause Analysis - Root Cause Analysis (RCA) is a key strategy in understanding the context, conditions and processes whereby it is possible for an incident to occur. The RCA has been utilized by DOC to review attempted or completed suicides and has yielded significant insights into the processes surrounding these events that would not have been identified through the traditional critical incident review process.¹³ It is anticipated there will be a need to modify current methods of investigation to incorporate observation and data collection techniques that allow for a RCA as a means of identifying what factors contributed to an incident that can be corrected to avoid future occurrences that are similar in nature. A RCA will be conducted for every reported attempted and/or completed sexual assault.¹⁴

Data Collection, Analysis and Reporting - The need for more accurate and reliable data collection and analysis of incidents of sexual assault and misconduct has already been identified as a priority. Phase II will focus on which data elements are necessary to incorporate into a data collection and reporting system that will inform process and agency performance improvement efforts. Data collection and reporting will also be a key component to assessing the success of the intervention strategies identified in the PIP, and the benchmarks against which these strategies will be measured.

¹³ A copy of PPD 6.30 regarding Root Cause Analysis (RCA) appears in Appendix B, pg. 27.

¹⁴ A template for RCA reporting appears in PPD 6:30, and can be found in Appendix B, pg. 27.

PHASE III - Evaluation is an important and necessary component to any project that seeks to affect changes in the processes and outcomes that interventions are designed to address. Phase III involves both process and outcome evaluation to determine the efficacy of the interventions initiated in Phase II. Phase III will overlap both Phase I and Phase II in that the *process evaluation* will capture the important lessons learned through offender interviews, focus groups, root cause analyses, etc and *outcome evaluation* will be employed to determine the extent to which project goals and objectives have been achieved. A process and outcome evaluation will be out-sourced, using a Request for Proposals (RFP) and RFP review process.

4. MANAGEMENT AND ORGANIZATIONAL CAPABILITY

The NHDOC will serve as the grantee and fiscal agent on this project, and will be responsible for the grant's administration. The NHDOC has an established history and set of protocols for administering grants and the organizational capacity to ensure that these projects are managed effectively and efficiently.¹⁵

Administrative leadership and authority for this project will be provided by Assistant Commissioner, Les Dolecal. The Internal Administrative Team (IAT) for this project will include the Assistant Commissioner, Director of RP, Director of QI, *REAP* Project Director, Chief Investigator (CI), Administrator for Victims Services (VS) and a Grants Manager. All positions are located administratively under the Assistant Commissioner.¹⁶ The IAT will be responsible for ensuring ongoing collaboration and coordination of all grant-related activities.

The DRP, Dr. Joan Schwartz, will oversee the needs assessment portion of Phase I of this project. The administrator of QI, Dr. Ben Lewis, will provide leadership and oversight of the responsibilities of the *REAP* PIT stakeholder group. The DRP and QI will share responsibility

¹⁵ A copy of the NHDOC's Organizational Chart appears in Appendix C, pg. 32.

¹⁶ Job Descriptions, resumes and CVs for key positions appear in Appendix C, pgs. 34-60.

for oversight of evaluation activities. The NHDOC Grants Coordinator will provide support services to the *REAP* Project Director, who will be responsible for grant-related activities. The Investigator to be hired under this grant will report to Mark Wefers, the Chief Investigator (CI), and the Victims Advocate position to be hired under this grant will report to Peter Michaud, Administrator of Victims Services. The State Trooper Investigator position will report administratively to the State Police, but will work cooperatively with the CI and project-funded Investigator.

5. **BUDGET** (See Attachment 1.)

6. **PERFORMANCE, EVALUATION AND SUSTAINABILITY**

Performance will be documented through both a *process evaluation* of program functioning and an *outcome evaluation* of the effects of the interventions described. Specifically, the process evaluation will focus on the extent to which the processes for conducting the project, were carried out; the barriers or challenges that contributed to difficulties (if any) in being carried out and the effect these barriers (if any) had on accomplishing the goals and objectives of the project. The outcome evaluation will focus on the extent to which the identified goals and objectives as identified in the grant were achieved. In general terms, the process evaluator will continuously measure fidelity with the PIP. Specifically, the contracted Evaluation Team, in collaboration with the Project Director, will review the assessment of the scope of the problem conducted by the DRP to assure that all essential elements have been captured. Both in-person observation and in-depth interviewing of staff, offenders and other stakeholders will be utilized. The process evaluator will conduct a content analysis of data gathered from offender interviews and focus groups and analyze quantitative data regarding the time, place and attendance at sessions. The process evaluation will also characterize how the project has developed with stakeholder

collaboration, including attendance at and content analysis of stakeholder meetings. In addition, the process evaluator will attend a number of educational sessions provided for both offenders and staff to assure that the interventions were conducted with fidelity to the planned curriculum and will observe Root Cause Analyses meetings and PREAPIT meetings to assure that they are conducted in accordance with the DOC policy.

The outcome evaluation will address all of the Performance Measures in compliance with GPRA¹⁷ as well as other measures that derive out of Phase I and II activities.

Sustainability – This project conceptualizes sustainability on both internal and external levels, and planning for sustainability is woven into each aspect of the project. At the internal level, educational curricula developed by the project will become core components of all Academy and on-going “mandatory” educational programming. The PREAPIT will continue to function with a goal of improving on gains achieved through the project. The position of the dedicated Investigator will be drawn from DOC allocated personnel and will continue with *REAP*-related functions beyond the project period. Medical and psychological functions will continue to be provided by DOC's mental health and medical personnel. Increased surveillance will remain in place, as will the classification methodologies that will be incorporated into the classification process and Classification Manual as a consequence of Phase I activity. External support to maintain a dedicated Victims Services staff member will be achieved through a variety of approaches. We will work with our community partners to identify and apply for federal, state and local funding for rape crisis counseling. In addition, the Victims Services position will be included in the NHDOC's budget submission to the state.

¹⁷ A Certificate of Compliance and copies of NH's Performance Measures appear in Appendix E, pgs. 69-72.